

Malaria - Africa's Silent Tsunami

Commentary by Canadian epidemiologist, Dr Don de Savigny:

The world's passion to help those in distress was justifiably roused following the Indian Ocean tsunami. Less well known is the continuous "silent tsunami" of malaria in Africa that takes more than 1.5 million lives per year, mostly among young children and pregnant women. This means almost 3 lives per minute lost from an easily preventable and treatable disease. It was gratifying to see the beginnings of similar passion to deal with malaria at the World Economic Forum in Davos in January of this year when actress and activist Sharon Stone triggered a wave of donations for Tanzania's efforts to combat malaria. In the space of a few minutes she raised over US \$1 million while a beaming President Benjamin Mkapa of the United Republic of Tanzania looked on.

Ms Stone's choice of Tanzania for this initiative was astute. Tanzania has one of the largest populations at risk of malaria in the world and suffers 100,000 deaths from malaria each year, far more than from AIDS and all other causes. Not only is the need great in Tanzania; these funds will arrive in a country well primed and prepared to take maximum advantage. Tanzania has worked consistently with its partners over the past 10 years to design, develop, and put in place a unique national strategy for malaria prevention.

The most recent phase of the strategy started at the end of 2004 and hinges on ensuring that all pregnant women get a voucher that allows them to purchase at virtually no cost, a mosquito net treated with insecticide. These nets have been proven to reduce the risk of malaria by over 50% and will protect families for many years. Not so long ago nets were very rare in Tanzania. Now there is a rapid movement to a "culture" or norm of net use. For example, even before the vouchers, Tanzanians purchased more than 2.3 million nets in 2004 alone.

Sharon Stone's brief moment of fundraising will save about 6,000 lives in Tanzania.

The priority and opportunity provided by the voucher makes it possible for those who may not be able to afford the CA\$3.70 net to be also protected. Ms Stone's fundraising alone will enable an additional 330,000 of the poorest households to obtain a treated net, saving an additional 6,000 lives in Tanzania.

Another achievement is that the nets are manufactured locally through a close liaison between the public and private sectors. Four Tanzanian factories currently produce more than 5 million nets per year, more than sufficient for Tanzania's needs.

Many of the building blocks for this strategy can be traced back to Canadian development assistance for Tanzania, working in concert with the World Health Organization (WHO), and UK, Swiss and Dutch development agencies.

The Canadian International Development Agency (CIDA) and Canada's International Development Research Centre (IDRC) joined forces in 1994 to help the WHO fund large-scale research trials in Africa to determine whether or not treated nets could actually save lives. By 1996, the results were overwhelmingly positive. IDRC and WHO disseminated these results quickly and widely. IDRC went on to support Tanzania to develop a do-it-yourself home treatment kit for mosquito nets that made it possible to extend this intervention to the rest of Africa. In 2000, at the African Summit on Roll Back Malaria in Abuja, Nigeria, continental policy was established to make treated nets the main pillar of malaria prevention across Africa.

At the time, however, virtually all mosquito nets were imported from Asia, often in shapes, sizes, and colours unpopular in African households. So IDRC and CIDA supported PATH Canada (Program for Appropriate Technology in Health) to set up the Net Gain Secretariat. It operated in the late 1990s to learn how to overcome barriers to trade in mosquito nets and net insecticides, and to assist the public and private sectors to work together.

PATH Canada organized a pivotal gathering of government officials and the private sector in Tanzania in 1998, which led to the removal of taxes and tariffs (including goods and services taxes) on nets and public health insecticides. This made it easier for textile manufacturers to start making polyester mosquito nets and easier for the public sector to promote their use. Textile mills in Tanzania that had previously been mothballed were brought back into action and now employ thousands. Tanzania is the only country in Africa that is self-sufficient on the supply side while the local industry is enjoying a publicly subsidized demand-side.

In Tanzania, both the rural public health system and the rural commercial sector penetration are relatively strong. In other countries where such systems have not yet been built, and where the private sector has not yet been encouraged, meeting Abuja targets of ensuring that 60% of all vulnerable people sleep under treated mosquito nets by the end of 2005 will fall entirely to the public sector. Intensive campaigns will be needed. CIDA

and the Canadian Red Cross have recently supported Togo to do just that. But such campaigns are stopgaps and catch-ups on the road to norms and sustainability for a continuous-supply basis. Tanzania is well along that road.

However, Tanzania will need to resist well-meaning and increasing international pressure to drop mosquito nets and adopt DDT indoor residual house spraying (IRS) for malaria prevention. IRS works very well in areas like South Africa where malaria is very focal and highly seasonal, and where logistical capacity is high. But such approaches have never worked in much of tropical Africa where malaria mosquitoes efficiently and intensively transmit disease year-round, and where access to households by government spraying teams is problematic, especially during the rainy season.

So Sharon Stone's initiative was good news, rightly timed, and appropriately targeted. There is little doubt that in another year we will read about tangible impacts in terms of lives saved in Tanzania.

-30-

Don de Savigny

A Canadian epidemiologist, Dr Don de Savigny has lived and worked in Tanzania for over 10 years and helped facilitate the Canadian CIDA, IDRC, and PATH efforts in supporting health development. He is also the Chair of the global Roll Back Malaria Partnership Working Group on Insecticide-Treated Nets and currently based at the Swiss Tropical Institute in Basel, Switzerland.

What can you do to help malaria control in Africa?

World Swim For Malaria

In December 2005 you can join a World Swim for Malaria alongside a million other swimmers from all over the world. The Swim will raise money to buy mosquito nets to help protect people from malaria, which currently kills over 1.5 million each year, most of whom are children under the age of 5 in Africa. \$3 buys a mosquito net which can save a life. 100% of the money raised buys nets. If you would like to learn more about this global grassroots initiative, please visit www.WorldSwimForMalaria.com.